State of California—Health and Welfare Agency
Form Approved OMB No. 2050—0039 (Expires 9-30-88)
Please print of type. (Form designed by use on eith (5)

Department of Health Services
Toxic Substances Control Division

UNIFORM HAZARDOUS 1. Generator's US EPA ID No. WASTE MANIFEST C A D 9 8 2 0 1 8 7 2 3 0 0	Manifest Cument No.	2. Pa			the shaded are									
Generator's Name and Mailing Address			e Manifest Doc	ument Nur	mber									
COMPETITIVE TRAILERS 8832 Ramona Ave., Bellflower, CA 90706 4 Generator's Phone (213) 634-2006 5 Transporter I Company Name BETTERBILT CHEMICALS, INC. 6 US EPA ID Number C, A, D, 9, 8, 1, 6, 8, 6, 2, 4, 9			87506730 B. State Generator's ID C. State Transporter's ID 905083 D. Transporter's Phone 2137 949 9668											
							7. Transporter 2 Company Name 8. US EPA ID Number			a Transporter's	-			
											F. Transporter's Phone			
							Designated Facility Name and Site Address US EPA ID Number DESCRIPTION		447.4 Stylenson (1967)	e Facility's ID				
OMEGA RECOVERY SERVICES	12504 E. Whittier Blvd.		ADO 412 lity's Phone	2/2/4	5001									
Whittier, CA 90602 CAPO 4 2 2 4 5	007		13) 698-	0991										
	12. Conta		13. Total	14.	T 1.									
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)	No.	Туре	Quantity	Unit Wt/Vo	Waste No									
a.		0.			State									
WASTE, FLAMMABLE LIQUID N.O.S. UN1993	~ 0 1		ANNE	5 2	EPA/Otherol									
b.	001	D _I M (1000	5 G	State									
				1	State .									
	1,,		1 1 1 1		EPA/Other									
C.				+	State									
					EPA/Other									
	\perp													
d.					State									
	1			1	EPA/Other									
J. Additional Descriptions for Materials Listed Above		K. Hand	dling Codes for	Wastes L	isted Above									
				d.										
15. Special Handling Instructions and Additional Information USE GLOVES & GOGGLES														
16. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignmen name and are classified, packed, marked, and labeled, and are in all respects in prop international and national government regulations.														
If I am a large quantity generator, I certify that I have a program in place to reduce the determined to be economically practicable and that I have selected the practicable me which minimizes the present and future threat to human health and the environment faith effort to minimize my waste generation and select the best waste management met	ethod of treat; OR, if I am	atment, s a small	storage, or dis quantity gene	sposal cu erator, I h	rrently available ave made a go									
Printed/Typed Name Signature	112	/			Month Day									
JIM LIKENS Jum	DXX.	Ona	0	~~	19 21									
17 Transporter 1 Acknowledgement of Receipt of Materials	A	 	1											
Printed/Typed Name Signature	el A	TM 1	Homa a		Month Day									
RTCHARD SENTENO 18. Transporter 2 Acknowledgement of Receipt of Materials	13.75		<u> </u>		10021									
Printed/Typed Name Signature					Month Day									
Printed Typed Name														
Printed/Typed Walle														
19. Discrepancy Indication Space														
	ifest except	as noted	in Item 19.		Month Day									
Discrepancy Indication Space Zo. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifests.	ifest except	as noted	in Item 19.		Month Day									